

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/15/13</p> <p>Facility Number: 000423 Provider Number: 155704 AIM Number: 100290450</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Waldron Health and Rehab Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a</p>		K010000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>capacity of 79 and had a census of 58 at the time of this survey.</p> <p>All areas which provide customary access to residents were sprinklered. All areas which provide facility services were sprinklered except for the garage and large shed which were used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/18/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K010050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 3 of 4 quarters for 2012. This deficient practice affects all residents in the facility including staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 04/15/13 at 2:15 p.m. with the Maintenance Supervisor, a fire drill report for the second shift of the fourth quarter of 2012 was not available for review.</p> <p>Based on interview on 04/15/13 at 2:17 p.m. with the Maintenance Supervisor, it was acknowledged the fire drill for the second shift of the fourth quarter of 2012 had not been done.</p> <p>3.1-19(b) 3.1-51(c)</p>		K010050	<p>It is the practice of the Waldron Health &amp; Rehab Center to conduct fire drills at least quarterly on each shift. All residents have the potential to be affected by the alleged deficient practice. A tracking log kept by the maintenance director will show when drills were completed. Signature pages of staff present for drills will be maintained, including the date and time of the drill. The maintenance director or designee will review the fire drill log and signature page(s) with the Safety Committee on a monthly basis for three months then quarterly through April 30, 2014. Date of Completion: April 30, 2013.</p>		04/30/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and interview, the facility failed to ensure the location of 1 of 1 liquefied petroleum gas (LPG) containers was at least 25 feet away from a designated smoking area. LSC 19.1.1.3 states health facilities shall be maintained and operated to minimize the possibility of a fire emergency. LSC 8.4.3.1(3) requires the storage and handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2. and Section 3-2.2.2(d) requires the distance measured in any direction from the point of discharge of a container pressure relief valve, the vent of a fixed maximum liquid level gauge on a container, or the installed location of the filling connection of a container to any exterior source of ignition, openings into direct-vent (sealed combustion system) appliances, or mechanical ventilation air intakes shall be in accordance with Table 3-2.2.2(d). Table 3-2.2.2(d) indicates the minimum</p>	K010130	<p>Waldron Health &amp; Rehab Center recognizes the importance of maintaining a safe distance between smoking areas and potentially flammable liquids or gases. Sixteen residents have the potential to be affected by the alleged deficient practices. The smoking area has been relocated to an area away from potentially flammable liquids and gases. The portable propane tank was moved to an area where smoking is not allowed. No smoking signs have been posted in the former smoking area. Staff will be inserviced on the change to the smoking area on April 29-30, 2013. The administrator or designee will check for placement of no smoking signage weekly for four weeks then monthly through April 30, 2014. Missing signage will be immediately replaced. Date of Completion: April 30, 2013.</p>	04/30/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>distance between a LPG container with a water capacity of 501-2000 gallons and an exterior ignition source is 25 feet. This deficient practice could affect 16 residents located next to the smoking area as well as staff or visitors using the smoking area located behind the facility near the generator.</p> <p>Findings include:</p> <p>Based on observation on 04/15/13 at 1:45 p.m. with the Maintenance Supervisor, the LPG container with a capacity of seven hundred and fifty gallons was nineteen feet from the designated smoking area. Based on interview on 04/15/13 at 1:50 p.m. the Maintenance Supervisor acknowledged after making a measurement, the location of the smoking area and the distance from the LPG container was nineteen feet.</p> <p>3.1-19(b)</p> <p>2. Based on observation, interview and record review; the facility failed to ensure the location of 1 of 1 liquefied petroleum gas (LPG) containers was at least 5 feet away from a designated smoking area. LSC 19.1.1.3 states health facilities shall be maintained and operated to minimize the possibility of a fire emergency. LSC</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>8.4.3.1(3) requires the storage and handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2. and Section 3-2.2.2(d) specifies the distance measured in any direction from the point of discharge of a container pressure relief valve, the vent of a fixed maximum liquid level gauge on a container, or the installed location of the filling connection of a container to any exterior source of ignition, openings into direct-vent (sealed combustion system) appliances, or mechanical ventilation air intakes shall be in accordance with Table 3-2.2.2(d). Table 3-2.2.2(d) indicates the minimum distance between a portable LPG container replaced on a cylinder exchange basis and an exterior ignition source is 5 feet. This deficient practice could affect any resident near the smoking area as well as staff or visitors using the smoking area outside the facility near the south patio.</p> <p>Findings include:</p> <p>Based on observation on 04/15/13 at 1:15 p.m. with the Maintenance Supervisor, the fifteen gallon portable propane tank used to provide fuel for the outdoor grill</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2013	
NAME OF PROVIDER OR SUPPLIER  WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>was within five feet of the southwest exit on West hall where residents were permitted to smoke. Based on interview on 04/15/13 at 1:20 p.m. with the Maintenance Supervisor, it was acknowledged this area is used for residents to smoke and the portable propane tank still contained fuel and was adjacent to the resident smoking area. Furthermore, the Maintenance Supervisor was unaware the portable propane tank needed to be five feet away from an ignition source. Based on review of the smoking policy on 04/15/13 at 2:45 p.m., the resident smoking area was not to be near a combustible gas source.</p> <p>3.1-19(b)</p>						